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Core Clinical & Recovery Strategies

A warm and welcoming environment –both physical and social-- is a basic, necessary component of the milieu. Building positive relationships between peers and between staff and peers is fostered by creating time for positive, enjoyable interactions.

The diversity of needs represented in the population to be served will require a clinical program model which allows for a flexible and wide-ranging menu of services which can be adapted to meet changing needs of each individual. These services will be based on current knowledge of best practices and emerging evidence based practices. They will also require a culture of continuous learning and on-going staff education, training and skill development.

Culture of Learning

The over-all ethic of the program is the creation of a learning environment designed to maximize individual recovery. To that end staff will engage in continuous and on-going education and training as well as situational learning involving staff and residents about best ways to effectively engage the particular individuals in the program at the time.

Positive Behavioral Supports

The therapeutic environment of the facility will be designed around core principles of Positive Behavior Supports (PBS). PBS is an applied science which is philosophically aligned with principles of recovery and person-centeredness. It seeks to increase an individual's likelihood of success and personal satisfaction across settings (e.g., academic, work, social, recreational, community, family). This is achieved by supporting individual acquisition of life and treatment goals, improving quality of life for all stakeholders, and by making problematic behavior irrelevant. PBS uses multiple educational methods to teach, strengthen, and expand positive behavior and employs systemic (e.g., environmental) strategies to maximize opportunities for individuals to engage in positive behaviors.

In a PBS environment:

- There are a small number of positively stated expectations for all participants (individuals served and facility staff).
- Communication about expectations is focused on what is expected, not on what is prohibited.
- There are supports in place to assist individuals to engage in expected behaviors.
- Positive behavior change and adherence to expectations is recognized and celebrated.
- The environment is designed to support positive behaviors and make less desirable behaviors irrelevant.
- Aggressive and unsafe behaviors are discouraged.
- There is an agreed-upon approach in responding to undesirable behaviors.

- Learning and teaching are emphasized and valued.
- Respect, responsibility, cooperation are valued traits and are taught and encouraged.
- Individual differences are valued rather than criticized.

Objectives of SRR Programming

The objectives of a recovery oriented clinical system should:

- Foster hope for the future based on individual goals
- Address both the experience of mental illness and the experience of stigma and discrimination in the healing process
- Develop a sense of control over life and the future using a present-and-future focus
- Employ both professional interventions and self-directed strategies; and
- Enhance social networks in natural environments and circumstances.
(Colorado Health Networks website).

The treatment environment will also be informed by the core clinical service strategies and modalities described below.

Collaborative Problem Solving

One important ingredient in supporting positive behaviors is the ability to solve problems as they arise, before unwanted behaviors become patterned. Collaborative problem solving (Greene & Ablon, 2006) is an approach to addressing specific factors – deficits in executive skills, language processing, emotion regulation, cognitive flexibility, and social skills – which can significantly impact individual's ability to tolerate frustration and solve problems. While developed for use with children and adolescents, Collaborative Problem Solving is beginning to make its way into adult settings, and would be a compatible and useful addition to a PBS environment of care.

Use of SAMHSA Strategies

SRR programming will incorporate and be consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) 6 core strategies for reduction of seclusion and restraint that focus on:

- Leadership toward organizational change
- Use of Data to Inform Practice
- Workforce Development
- Use of Seclusion and Restraint Prevention Tools
- Consumer Roles in Inpatient Settings
- Debriefing Techniques

In addition, the program will make use of SAMHSA's evidence based practice Implementation Resource Kits for:

- Illness Management and Recovery
- Family Psycho-education

- Supported Employment
- Co-occurring disorders: Integrated Dual Diagnosis Treatment

Clinical Modalities and Recovery Strategies

Other treatment strategies that will be used in programming include:

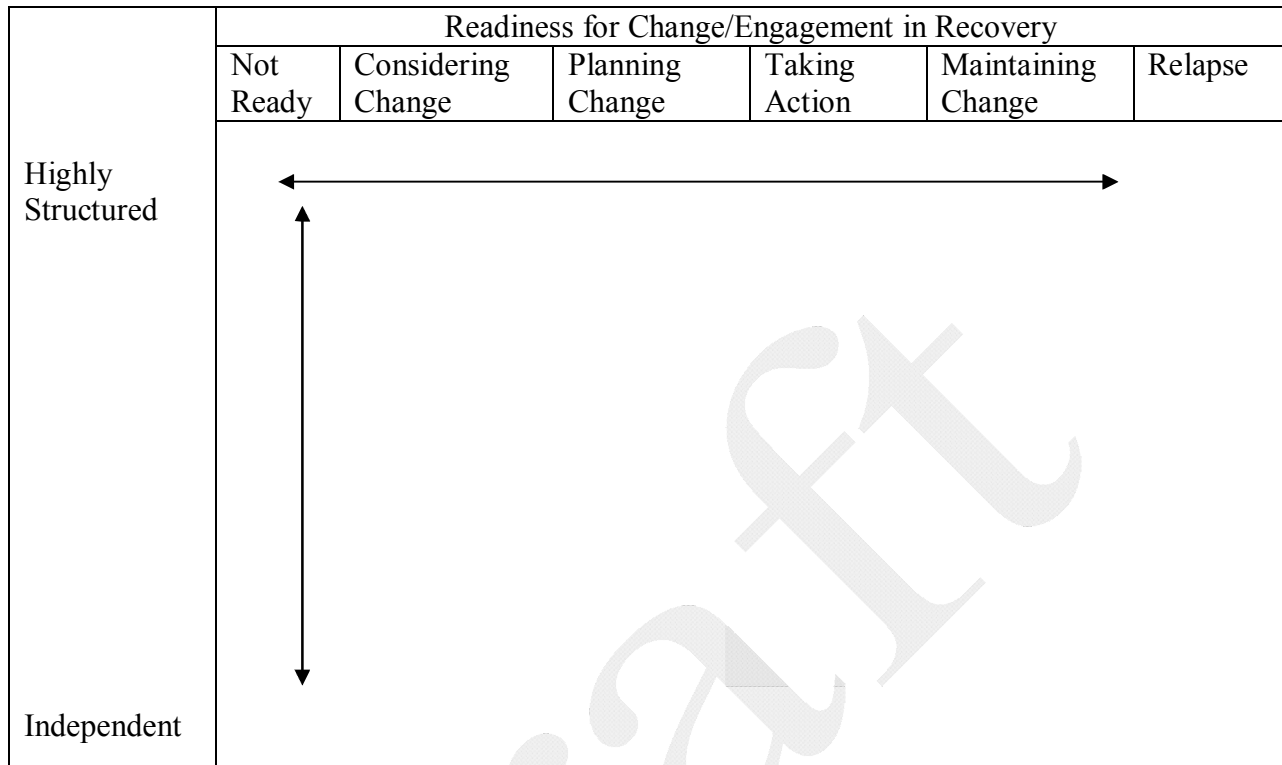
- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Wellness Recovery Action Plan (WRAP)
- Sanctuary, Seeking Safety and other trauma-specific and trauma-informed treatment approaches
- Social learning and behavioral therapy strategies
- Comfort Rooms

Ongoing review and revision of the programmatic offerings and structure will be important in assuring that the treatment modalities and strategies that are used are adapted to new technologies and represent therapeutic best practices as these emerge.

Recovery Program Framework

As is apparent from the description of individuals to be served in this setting, successful service delivery requires a program framework that will permit the delivery of services tailored to meet a number of specific, common clinical situations, but provided along a continuum of individual readiness, engagement in recovery, and need for structure (less structure versus the ability to function independently). The following framework provides a way to organize and prioritize services. It is built along two axes, one representing readiness for change and/or progress in recovery, and the other representing need for (external) high level of structure to independent (low) level of structure.

Recovery Program Framework



This framework provides the flexibility to assess individual movement from level to level on either axis as treatment progresses. Individuals may also be expected to require services at different points in the system for different clinical foci – for example, an individual may be independently maintaining change with regard to symptoms of psychosis but be only considering change for improving his or her skill in managing social conflicts.

As an illustration of how the above framework would translate into a treatment and recovery plan, consider an individual who has periods of clinical instability. During these times he may pose ongoing risk of harm to self or others and might require more intensive motivational strategies. He also might require work to develop more basic skills of self-care. Other recovery work would focus on strategies to reduce risk of aggression and violence. At the point of readiness the individual might be engaged in coping with his substance abuse issues, and provided structured assistance with basic interpersonal skills/contacts. On the other hand, an individual considered to be in the Action/Maintenance phase of engagement and change (and who is more consistently, clinically stable) would benefit from more vocational opportunities (in house and community). The focus of work would be motivational strategies designed to help the individual maintain stability. This individual might also require legal assistance to address ongoing legal issues.

At the most independent and engaged end of the spectrum, individuals may be enlisted as peer advocates, counselors and mentors. In this capacity they will be engaged in aspects

of facility government, and will interact with community advocacy and treatment agencies. (Examples of individual, group, and in-house community treatment offerings at various levels of engagement and independence will be developed at later stages of programmatic planning.)

Importance of Assessment

Initial assessments of individuals entering the program will serve as a tool, both to obtain information essential to successful treatment and recovery planning, and to begin to engage individuals in the process of change. It is assumed that assessment processes will be collaborative undertakings between residents and staff. Successfully done, they will assist individuals to begin to look at life in ways they may not have entertained before and to establish expectations for treatment and recovery. Among the essential factors of intake assessment are:

- Identification of a target home community
- Measurement of strengths and engagement in recovery process
 - functional capability to perform activities of daily living
 - cognitive skills
 - social skills
 - leisure skills
 - vocational/educational development
 - sense of purpose/recovery
 - psychological development and
 - capability in health self-management
- Evaluation of risk and individual precursors of disregulation
- Medical history and physical
- Psychiatric and nursing needs
- Trauma history
- Mental health treatment history, including individual's story
- Cultural history and needs
- Spiritual history and needs
- Needs for privacy/activity/rest
- Existing support networks including family strengths and weaknesses
- Other

At admission, clinicians and individual residents will complete a wide range of assessments to facilitate treatment and recovery planning. Routinely, following admission, at each treatment and recovery planning meeting, and as the need arises, multidisciplinary assessment will be conducted to monitor risk factors and physical health, as well as effectiveness of treatment and progress toward goals.

Routine assessment conducted at each treatment and recovery planning meeting will also include quality of life assessments. Whenever possible, these assessments will be completed by both the individual and the clinicians involved, either in collaboration with each other or via separate, complementary instruments.